

## KENTUCKY DEPARTMENT OF AGRICULTURE

A Consumer Protection And Service Agency • Richie Farmer, Commissioner
Office of the State Veterinarian, Robert C. Stout, DVM • www.kyagr.com
100 Fair Oaks Lane, Suite 252, Frankfort, KY 40601 • Phone (502) 564-3956 • Fax (502) 564-7852

## **APPLICATION FOR STOCKYARD LICENSE**

CHECK ONE: NEW	KENEW	1L		
Name of Market				
Mailing Address_				
Physical Address				
Name of Manager or Owner				
Telephone No. (At Auction Market)	(At Ho	ome)		
Is Market operated by individual, par	rtnership	, or corporation	ı?	
If corporation or partnership, list name, address an	nd titles of officers bel	ow:		
1. 2.				
3. 4.				
Has any member of your partnership or corporation Administration regulations? Yes No If yes, list state, date and violation:		ilty of violating P	ackers and Stockyards	
What day(s) of week is sale held?				
Type of Animals to be sold & approximate number	r handled per month:			
Cattle Slaughter Swine All Class Swine	Sheep	Horses	Goats	
Bond Issued By:				
Amount of Bond	•	e:		
Number of Scales in Stockyard				
Manufacturer and Serial Numbers of Scales:				
1.				
1 Manufacturer	Serial Number			
2 Manufacturer				
Manufacturer  The sum twenty-five (\$25.00) is for payment of the additional scale is required. Please make check pay back to Lisa Green, Kentucky Department of Agri 252, Frankfort KY 40601.	e annual permit. A sc vable to <u>KENTUCKY</u>	STATE TREAS	<u>URER</u> and mail it	
I, hereby certify the my knowledge, and as operator or manager of the regulations now in effect, KRS Chapter 257 and 20 the best of my knowledge, I have complied with all	above stockyard will of the stat might and others that might	comply with the S ght become effect	tate laws, rules and ive later, and that to	
	(Signature of Sa	(Signature of Sale Owner/Manager)		
Subscribed and sworn to before me this	day of		, 20	
	(Notary Public)			
My	Commission expires:			